



## Mississippi Public Service Commission Lifeline Assistance Form

Name of Telephone Service Provider: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_ Tribal ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Physical Address: \_\_\_\_\_ City: \_\_\_\_\_  
(No P.O. Box)

State: MS Zip Code: \_\_\_\_\_ This address is: Permanent ☐ Temporary ☐ Multi-Household ☐

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_  
(May be P.O. Box)

State: MS Zip Code: \_\_\_\_\_

Assigned Telephone Number: \_\_\_\_\_ (NOTE: If you do not currently have local phone service, please contact a local telephone provider in your area to establish service.)

### NOTICE

Lifeline is a federal benefit; only one Lifeline service is available per household; a household cannot receive benefits from multiple providers such as wireline and wireless services; a household is defined for Lifeline eligibility as any individual or group of individuals who live together at the same address and share their income and expenses (economic unit); and Lifeline is a non-transferable benefit. Violation of the one per household rule requirement would constitute a violation of the Federal Communications Commission's rules and would result in the consumer's de-enrollment from the program, and potentially, prosecution by the United States government.

Are you or any member of your household currently receiving Lifeline discounted telephone services from any service provider?  
☐ No ☐ Yes If yes, only one Lifeline discount is allowed per household.

### Program-Based Eligibility

\_\_\_\_\_ (initials required) I certify that either my household or I participate in the following program(s). I will provide documentation of my participation in programs selected to the service provider. (Check all that apply)

- |                                                                           |                                                                                |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Supplemental Security Income (SSI)                    |
| <input type="checkbox"/> Medicaid                                         | <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)    |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)   | <input type="checkbox"/> National School Lunch Program's Free Lunch Initiative |
| <input type="checkbox"/> Federal Public Housing Assistance<br>(Section 8) |                                                                                |

### Income-Based Eligibility

**TO QUALIFY FOR INCOME ELIGIBILITY, YOU MUST PROVIDE COPIES OF ONE OR MORE OF  
THE DOCUMENTS LISTED BELOW:**

Prior year's state, federal or Tribal tax return, Social Security benefits statement; Veterans Administration benefits statement; federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance; Retirement/Pension benefit statement; divorce decree or child support document; Unemployment/Workers Compensation benefits statement; or current income statement from employer or paycheck stub. If you provide documentation that does not cover a full year (such as current pay stub), you must submit three (3) consecutive months of the same type of document within the current calendar year.

How many people are in your household? \_\_\_\_\_

What is the monthly/yearly total household income? \_\_\_\_\_ per ☐ Month ☐ Year

☐ My total household income is at or below 135% of the Federal Poverty Guidelines. (See Federal Poverty Guidelines on Page 3)

**Mississippi Public Service Commission  
Lifeline Assistance Form  
Continued**

**I certify under penalty of perjury the following (*initial by each certification*)**

- ☐ *I meet the program-based eligibility criteria for receiving Lifeline.*
- ☐ *I will notify the service provider within 30 days if I (1) cease to participate in a federal qualifying program or programs or if my annual household income exceeds 135% of the Federal Poverty Guidelines; (2) receive more than one Lifeline-supported service; or (3) for any other reason, no longer satisfy the criteria for receiving Lifeline support. I certify attest under penalty of perjury that I understand this notification requirement and I may be subject to penalties if I fail to follow this requirement;*
- ☐ *If I move to a new address, I will provide that new address to the service provider within 30 days of moving.*
- ☐ *If my address is temporary, I will verify my address with the service provider every 90 days.*
- ☐ *My household will receive only one Lifeline service and, to the best of my knowledge, my household is not already receiving a Lifeline benefit from any other service provider such as Safelink, Assurance, Reachout Wireless, or wireline provider.*
- ☐ *The information I provided in this certification form is true and correct to the best of my knowledge.*
- ☐ *I understand that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.*
- ☐ *I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.*
- ☐ *I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify my continued eligibility will result in de-enrollment and termination of my Lifeline benefit.*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Please mail or fax this application to your telephone service provider. The service provider will also require you to submit proof of participation in program(s) indicated, or appropriate documentation of income if qualification is based upon income being at or below 135% of Federal Poverty Guidelines. Please refer to Page 3 of this application for fax numbers for designated eligible telecommunications providers in Mississippi and the Federal Poverty Guidelines.**

# Mississippi Public Service Commission

## Lifeline Assistance Form

### Continued

Mississippi ETC Providers					
Company	Address	City	State	Zip	Fax
Assurance Wireless	PO Box 686	Parsippany	NJ	07054	1-877-732-3018
AT&T	P. O. BOX 9042	South San Francisco	CA	94083	888-726-3223
AT&T Wireless	1215 W. Cherry Street	Vermillion	SD	57069	800-517-1741
Bay Springs Telephone Company	P.O. Box 409	Bay Springs	MS	39422	601-764-2051
Bruce Telephone Company, Inc.	P.O. Box 489	Bruce	MS	38915	662-983-7300
Budget Prepay, Inc.	Attn: Angie Thornton, 1325 Barksdale Blvd., Suite 200	Bossier City	LA	71111	318-671-5024
Calhoun City Telephone Company, Inc.	TDS Telecom, P.O. Box 608	Lancaster	WI	53813	877-271-2861
Cellular South Licenses, Inc.	P.O. Box 159	Meadville	MS	39653	601-384-3836
CenturyTel	P.O. Box 4918	Monroe	LA	71211	866-810-7530
Decatur Telephone Company	P.O. Box 146	Decatur	MS	39327	601-635-3100
Delta Telephone Company	P.O. Box 217	Louise	MS	39097	662-836-5770
Dialog Telecommunications, Inc.	P.O. Box 64960	Lubbock	TX	79464	806-720-2123
Dixie-Net Communications, Inc.	301 N. Main Street	Ripley	MS	38663	662-993-2453
Franklin Telephone Company	P.O. Box 446	Bude	MS	39630	601-384-5500
Frontier Communications of MS, Inc.	1398 S. Woodland Blvd.	DeLand	FL	32720	386-736-2632
Fulton Telephone Company	402 W. Beene St	Fulton	MS	38843	662-862-7900
Georgetown Telephone Company, Inc.	P.O. Box 137	Georgetown	MS	39078	601-858-2233
i Wireless	420 Progress Drive	Mattoon	IL	61938	973-599-6573
Lakeside Telephone Company	P.O. Box 68	Sunflower	MS	38778	662-569-3200
Micro-Comm, Inc.	2612 Cameron St	Mobile	AL	36607	251-473-3522
Mound Bayou Telephone Company	101 E. Main St.	Mound Bayou	MS	38762	662-741-3096
Myrtle Telephone Company, Inc.	TDS Telecom, P.O. Box 608	Lancaster	WI	53813	877-271-2861
Nexus Communications, Inc.	3629 Cleveland Avenue, Suite C	Columbus	OH	43224	740-548-1173
Noxapater Telephone Company	P.O. Box 727	Bay Springs	MS	39422	601-764-6529
Sledge Telephone Company	P.O. Box 68	Sunflower	MS	38778	662-569-3200
Smithville Telephone Company	P.O. Box 117	Smithville	MS	38870	662-651-4711
Southeast MS Telephone Company, Inc.	TDS Telecom, P.O. Box 608	Lancaster	WI	53813	877-271-2861
T-Mobile	P.O. Box 37380	Albuquerque	NM	87176	800-937-8997
TEC of Jackson, Inc.	700 South West Street	Jackson	MS	39201	888-424-4329
Telepak Networks, Inc.	P.O. Box 429	Meadville	MS	39653	601-384-8420
Tracfone Wireless	Safelink Wireless PO Box 220009	Milwaukie	OR	97269-0009	1-866-902-5756
Windstream Mississippi, Inc.	1720 Galleria Blvd.	Charlotte	NC	28270	704-814-7020

135% OF THE 2015 FEDERAL POVERTY GUIDELINES			
Persons in Family or Household	Yearly Household Income	Monthly Household Income	Weekly Household Income
1	\$15,890	\$1,324	\$306
2	\$21,506	\$1,792	\$414
3	\$27,122	\$2,260	\$522
4	\$32,738	\$2,728	\$630
5	\$38,354	\$3,196	\$738
6	\$43,970	\$3,664	\$846
7	\$49,586	\$4,132	\$954
8	\$55,202	\$4,600	\$1,062
For each additional person, add	\$5,616	\$468	\$108